

PART B - FEE(S) TRANSMITTAL

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7590

11/16/2007

SCHIFF HARDIN & WAITE

Patent Department
 6600 Sears Tower
 233 South Wacker Drive
 Chicago, IL 60606

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/701,333

11/04/2003

Christer Ahlmen

P03,0398

5873

TITLE OF INVENTION: ANESTHESIA APPARATUS WITH REMOTE CONTROL DURING OPERATION IN A MANUAL VENTILATION MODE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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DOUGLAS, STEVEN O

3771

128-204280

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Schiff Hardin LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maquet Critical Care AB

Solna, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	/Steven H. Noll/	Date	February 1, 2008
Typed or printed name	Steven H. Noll	Registration No.	28,982

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